15 April 2015

CRC FT BLISS, TX MEDICAL PRE-REQUISITES



CRC Ft. Bliss, TX Medical PREREQUISITES - UPDATED March 23, 2015

In order to expedite mobilization, it is recommended that the Ft Bliss SRRC Medical Staff receive all your completed medical forms and documentation at least 14 days in advance of your arrival at CRC Ft Bliss, TX for chart construction. You can scan/e-mail these documents to the following: usarmy.bliss.medcom-wbamc.mbx.ft-bliss-crc-medical-packet@mail.mil

QUICK REFERENCE CHECKLIST

References for quidance for Non Log Cap NLC contractors include:

Department of the Army Personnel Policy Guidance for Overseas Contingency Operations and Combatant Command Surgeon Guidance such as CENCOM MOD 12 or CURRENT AFRICOM GUIDANCE and AR 40-501

All DOCUMENTATION MUST BE IN ENGLISH

HISTORY AND PHYSICAL

A physical is required within 90 days of deployment for 1 year deployments (IAW CENTCOM Mod 12, 15.C.1.C) with laboratory testing as needed to determine stability of medical conditions noted will be required.

If pre-deployment physical was performed at a Military Treatment Facility (MTF), use form OF 178 (certification of medical examination) form.

If pre-deployment physical performed by private (civilian) physician, use forms DD 2808 (report of medical examination and DD 2807-1 (report of medical history). (IAW MOD12 15.H.1-2)

A DD Form 2795 must be completed or the previous DD Form 2795 must be confirmed as current within 60 days prior to the expected deployment date. (IAW DODI 6490.03 para E4.A1.1.1.1)

NLC Audiogram Requirements

Please ensure the following items are provided on the completed audiogram all requirements listed are MANDATORY to be considered a valid audiogram

- Full Patient Name, Social, and Date of Birth on document
- All screening audiograms must be certified by an Audiologist/M.D./D.O. which requires their (Name, Credentials, State of Licensure and number, and signature) (IAW DODI 6055.12)
- Test date must be visible and within 90 days of Mobilization. (IAW DODI 6055.12 definitions and AR 40-501)
- Test Administrator's name and CAOHC Certification number. Audiologist name and credentials if hand written results on form. If results are on test strip paper, it must be certified by Audiologist/M.D./D.O.

- Audiometer Make, Model, Serial Number and calibration date within a year of current audiogram. (IAW DODI 6055.12, AR 40-501 para 2-7, ISO8253:1)
- Audiologist must perform diagnostic audiogram to include air, bone, SRT, speech recognition, tympanometry, SPRINT or HINT if screening audiogram exceeds the following thresholds:

Audiometer <u>average level</u> for each ear at 500, 1000, 2000 Hz not more than 30dB <u>or</u> not more than 30 dB, with <u>no individual level greater</u> than 35 dB at these frequencies, and level not more than 55 dB at 4000 Hz; <u>or</u> audiometer level 30 dB at 500 Hz, 25 dB at 1000 and 2000 Hz, and 35 dB at 4000 Hz in <u>better ear</u>. (Poorer ear may be deaf.) (IAW AR 40-501 Table 7-1)

ALL REQUIREMENTS LISTED ARE MANDATORY TO BE CONSIDERED A VALID AUDIOGRAM

NLC VISION

- Prescription is good for 12 months if signed by a physician (IAW MOD12 15.I.2.A and DoDI 6055.12)
- Visual acuity test within 90 days (IAW AR 40-501 para 11-4h3 and DoDI 6055.12)
- No contact lenses will be worn during medical processing (bring two sets of glasses)
- (I AW DA PAM 40-506 para3-5b and DoDI 6055.12)

NLC DENTAL

- Completed DD Form 2813 (Department of Defense Active Duty/Reserve Forces Dental Examination) (IAW PPG para 7-7a3 and DODI 6490.03 para5.5.11)
- DD Form 2813 must be latest version (OCT 2013) found at http://www.dtic.mil/whs/directives/forms/eforms/dd2813.pdf. All other versions are obsolete.
- Must show you as a Dental Class 1 or 2 {Box 6(1) or 6(2)} and must be signed by dentist (IAW MOD12 15.I.2.G, DODI 6490.03 para5.5.11 & PPG para 7-7a3) Contractors classified in category 3 (box 6(3) a-f) are non-deployable and must have corrective dental action completed and the form completed indicating they are now Dental Readiness Category 1 or 2.
- Must have dentist's state license number (US) (IAW PPG para 7-7a3)
- Bitewing and Panoramic X-rays are required to be reviewed by dentist and Block 6 item (5) of the DD 2813 marked "YES" along with a date that is prior to the exam date.(IAW PPG para 7-7a1 and DODI 6490.03 para5.5.11)

REQUIRED LAB RESULTS

Note results must be typed; handwritten results are not acceptable. Abnormal results may need to be repeated or, if still abnormal, require consultation with appropriate specialist and supporting testing as needed.

- G6PD once in records can be done. Onsite if not completed (IAW MOD12 15.G.3 and DoDI 6024.19 para 6)
- HIV within 120 days of deployment)(IAW MOD12 15.G.1 and DODI 6490.03 para E4.A1.1.7)
- The HIV laboratory test document must be negative, taken within 120 days of deployment date and must be typed, not hand-written.
- Oral HIV testing can NOT be accepted.
- HCG Test "Females" required within 30 days (IAW MOD 12 15.G.4 and PPG para 7-3c1)
- DNA once in records (IAW MOD12 15.G.5 and PPG para 7-3e1 and DoDI 6024.19 para
 6)
- Blood Type (IAW MOD12 15.I.2.A and DoDI 6024.19 para 6)
- Lipid Profile within 1 year if age 35 or older (IAW PPG TAB A para B.8 and DoDI 6024.19 para 6)
- EKG within 1 year if age 40 or older (IAW AR 40-501 para 8-26b5 and DoDI 6024.19 para 6)
- PPD (90 days) TB test (IAW MOD12 15.G.6 and DODI 6490.03 para E4.A1.1.4 and DoDI 6024.19 para 6) for <u>POSITIVE PPD</u>: must have a COCOM Specific waiver, must have chest X-ray within 90 days. Proof of medication treatment for Latent TB of at least 9 months duration.
- <u>Lab testing may be required for evaluation of identified medical conditions</u> and <u>may include:</u>
- Urinalysis within 90 days (IAW AR 40-501 para 3) Results must be typed; they may not be handwritten. Results must show color, specific gravity, glucose, bilirubin, ketones, blood, pH, protein, nitrites, and leukocytes.
- BMP/CHEM 7 within 90 days (IAW AR 40-501 para 3 and DoDI 6024.19 para 6)
- CBC within 90 days (IAW AR 40-501 para3 and DoDI 6024.19 para 6)
- HgA1C within 30 days to demonstrate stability of blood sugar
- Liver Function testing
- Viral load for blood born diseases (such as Hepatitis C or B)

IMMUNIZATIONS

http://www.vaccines.mil/qr/VaccineRecommendations

- Tetanus TDAP within 10 years (IAW MOD12 15.F.2.A and DODI 6490.03 table E4.T1)
- Varicella "Chickenpox" 2 shot series vaccine 30 days apart or + titer (IAW MOD12 15.F.2.B and DODI 6490.03 table E4.T1)
- MMR 2 shot series vaccine or + titer) unless born before 1957 (IAW MOD12 15.F.2.C and DODI 6490.03 table E4.T1)
- Polio one immunization as an adult (IAW MOD12 15.F.2.D and DODI 6490.03 table E4.T1)
- Influenza (current to this season starts 9/1/2014) (IAW MOD12 15.F.2.A and PPG para 7-6b and DODI 6490.03 table E4.T1)
- Hepatitis A (2 series vaccine)1st and 2nd dose 180 days apart (IAW MOD12 15.F.2.F and DODI 6490.03 table E4.T1)
- Hepatitis B (3 series vaccine)1st and 2nd dose 30 days apart, 3rd dose 6 months after 1st dose (IAW MOD12 15.F.2.G and DODI 6490.03 table E4.T1

HEPATITIS A & B SERIES CAN BE COMPLETED IN THEATER IF UP TO DATE (IAW PPG para 7-6h)

- Typhoid injection good for 2 years or oral good for 5 years (IAW MOD12 15.F.2.H and DODI 6490.03 table E4.T1)
- Anthrax here at site. This is a 5 shot series and after this you will receive a booster every time you deploy. (IAW MOD12 15.F.3 and DODI 6490.03 table E4.T1)

Other vaccinations may be required per Area of Responsibility requirements.

(See http://www.vaccines.mil/qr/VaccineRecommendations)

TOP REASONS FOR NON-DEPLOYABILITY OR DELAY IN DEPLOYMENT WAIVERS

- Deployees who have a condition, as described in the specific AOR deployment requirements as a "condition generally precluding deployment" must have a complete waiver, signed by the AOR Surgeon's Office. Waivers may be requested prior to travel to CRC and if granted must be available. If waiver has been submitted and approved waiver through CENTCOM or AOR command, you must send the signed waiver to the CRC Medical Staff and hand-carry a copy with you to CRC Ft Bliss, TX.
- Framingham Risk 15% or greater require stress test with imaging

http://cvdrisk.nhlbi.nih.gov

Documentation for any procedures within the last 90days

BODY MASS INDEX (BMI)

- BMI greater than 40 (link to BMI Calculator: http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm)
- Greater than 35 with other the following medical co-factors:
 Diabetes, obstructive sleep apnea, heart disease, joint disease; hypertension etc.
- Weight greater than 300 pounds generally will be non deployable

DIABETES

DIABETES TYPE 1 OR 2 ON MEDS WITH HgA1C > 7.0 Use of Insulin or other injected medications. Newly diagnosed diabetics must be demonstrated stable for 90 days and have full evaluation including eye exam foot exam nutrition counseling.

NOTE THIS LIST IS NOT ALL INCLUSIVE – SEE PPG AND SPECIFIC COCOM GUIDANCE

Medical standards for deployment are meant as general guides. The final decision is based on clinical judgment and with Combatant Commander COCOM surgeons office input, which considers the geographical area in which the individual will be assigned and the potential environmental/austere conditions to which they may be subject.

Medical conditions will be reviewed carefully by the SRRC clinician before making a recommendation as to whether the soldier can deploy to duty in a combat zone (or austere isolated area where medical treatment may not be readily available). The authority for waiver of general requirements is the theater surgeon office in whose theater the deploying individual will operate. Based on the COCOM surgeons office understanding of the acceptability of medical conditions and the availability of medications facilities, equipment and possible required medical care in theater where the deploying individual will operate.

DD Form 2807-1

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4.a. HOME ADDRESS (Street, Apartment No., City, St. b. HOME TELEPHONE (Include Area Code)	ate, and ZIP Code)		5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)	
X ALL APPLICABLE BOXES:			7.a. POSITION (7th	le, Grade, Component)
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Army Coast Regular	Enlistment		Medical Board Other (Specify)	
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Air Force	Separation		ROTC Scholarship Program	
Mark each item "YES" or "NO". Every item m				
HAVE YOU EVER HAD OR DO YOU NOW HAV			12. (Continued)	YES NO
10.a. Tuberculosis	0	0	f. Fact trouble (e.g., pain, come, bunions, etc.)	0 0
b. Lived with someone who had tuberculosis	0	0	g. Impaired use of arms, legs, hands, or feet	0 0
Coughed up blood Asterna or any treations matterns related to exercise as	O	0	h. Swoten or painful joint(s)	0 0
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e. Shortness of breath	0	0	to any bone or joint	we 0 0
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g. Wheezing or problems with wheezing	0	0	I. Bone, joint, or other deformity	0 0
h. Been prescribed or used an inhaler	0	0	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	0 0
A chronic cough or cough at night.	0	0	n. Broken bone(s) (cracked or fractured)	0 0
j. Simusitis	0	0	13.a. Frequent indigestion or heartburn	0 0
k. Hay fover	0	0	b. Stomach, liver, intestinal trouble, or ulcer	0 0
Chronic or frequent colds	0	0	c. Gall bladder trouble or gallstones	0 0
11.a. Severe tooth or gum trouble	0	0	d. Jaundice or hepatitis (liver disease)	0 0
b. Thyroid trouble or goiter	0	0	e, Rupture/hemia	0 0
c. Eye disorder or trouble	0	0	f. Rectal disease, hemorrhoids or blood from the rectum	0 0
d. Ear, nose, or throat trouble	0	0	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	0 0
e. Loss of vision in either eye	0	0	h. Frequent or painful urination	0 0
f. Worn contact lenses or glasses	0	0	i. High or low blood sugar	0 0
g. A hearing loss or wear a hearing aid	0	0	j. Kidney stone or blood in urine	0 0
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	0	0	k. Sugar or protein in urine	0 0
 Painful shoulder, elbow or wrist (e.g. pain, district 	The second second second second	0	Sesually transmitted disease (apphilix, gurantess, chlangulla, gent seats, historia, etc.)	
b. Arthritis, rheumatism, or bursitis	0	0	14.a. Adverse reaction to serum, food, insect stings or medici	
c. Recurrent back pain or any back problem	0	0	b. Recent unexplained gain or loss of weight	0 0
d. Numbness or tingling	0	0	c. Currently in good health (If no, explain in Item 29 on Per	9#2/ 0 0

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CRC FT BLISS, TX MEDICAL PREREQUISITES

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DD FORM 2807-1, AUG 2011

Page 3 of 3 Pages

CRC FT BLISS, TX MEDICAL PREREQUISITES

DD Form 2808

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CRC FT BLISS, TX MEDICAL PREREQUISITES

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DD FORM 2808, OCT 2005

Page 3 of 3 Pages

DD Form 2813

OMB No. 0720-0022 DEPARTMENT OF DEFENSE OMB approval expires ACTIVE DUTY/RESERVE/GUARD/CIVILIAN FORCES DENTAL EXAMINATION Aug 31, 2016 The public reporting burden fur this collection of information is astimuted to average 3 minutes per response, including the time for reviewing instructions, searching uniform qualified an examination of the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including a suggestion of the reducing the burden, or the burden, or the Department of Defense. Weakington Headquarters Services, Executive Services Circuite or Management Devision, 4500 Mark Context Circuite. Alexangia, via 20150-3100 (0770-0002), Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for fining to comply with a collection of information of it is done not display a currently water CMD contrib number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C. 136; 10 U.S.C. 1074f; DoD Directives 1404.10, 5101.1, 5136.01, and 6490.02E; DoD Instruction 6025.19; and E.O. 9397 PRINCIPAL PURPOSE(S): To obtain information in order to record an assessment of an individual's dental health. ROUTINE USE(S): Information collected may be used and disclosed generally as permitted under 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, as implemented by DoD 6025.18-R, the DoD Health Information Privacy Regulation. Information may also be used and disclosed in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD "Blanket Routine Uses" published at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html. Information from this system may be shared with other Federal and State agencies and civilian health care providers, as necessary, to provide medical care and treatment and to guide possible referrals. DISCLOSURE: Voluntary; however, failure to provide the information may result in delays in assessing your dental health needs for military service. and/or for possible deployment outside the United States and its territories and possessions. 1. SERVICE MEMBER'S NAME (Last, First, Middle Initial) 2. SOCIAL SECURITY NUMBER 5. UNIT ADDRESS 4. UNIT OF ASSIGNMENT 6. EXAMINATION RESULTS Dear Doctor The individual you are examining is an Active Duty/Guard/Reserve/Civilian member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs. (1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months. (2) Patient has some oral conditions, but you do not expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment). (3) Patient has oral conditions that you do expect to result in dental emergencies within 12 months if not treated. Examples of such conditions are: (X the applicable block or specify in the space provided) (a) Infections: Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report. (b) Carles/Restorations: Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months. (c) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics. (d) Periodontal Conditions: Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances. (e) Oral Surgery: Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.

(4)	if you selected block (3)	above, perase	indicate the condition(s)	you identified in this	a patient in they appear	above, or briefly
	describe the condition(s)	below:				
	addenies and sometime (4s)					

(f) Other: Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.

(5)	Were X-rays consulted?	YES	NO	IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD)
7.	DENTIST'S NAME (Last, First, Mide	tle Initial)		8. DENTIST'S ADDRESS (Street, City, State, 9-digit ZIP Code)
9.	DENTIST'S TELEPHONE NUMBER	R (Include Area Cod	io)	

10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER	11. DATE OF EXAMINATION (YYYYMMOD)

DD Form 2215

	- 100	saman entre	CHANTING OF	on and and a	221				1. ZIP COD	E/APO/F	PO/PAS	
(This form is su	2.77	Privacy A				DD For	m 2005)		1001/2004			
2. DOD COMPONENT					3. SERVI	CE COMPO	NENT					
A - ARMY N - NAVY	F - AIR FOR M - MARINE		1 - OTHE	R		REGULAR RESERVE		G - NATIO	NAL GUARO R)		
4. SOCIAL SECURITY NUMB	FR	S NAME	flast, First	- Michille in	Wind	101414184		I 6. DAT	E OF BIRTH		7. SEX	
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B. PAY GRADE, UNIFORMED SERVICES 9.	PAY GRADE. CIVILIAN	The second second second second	PATION C	ODE	11, MAILI	ng addre	SS OF ASS	IGNMENT				
12. LOCATION - PLACE OF V	VORK				13. MAJO	R COMMA	ND	14. DU	TY TELEPHO	NE (Inclu	te area cod	(c)
				A	UDIOMETI	2V		_				
15. REASON FOR CONDUCTO	NG AUDIOGR	MAI										
1 - REFERENCE ESTA INITIAL DUTY IN	ABLISHED PRI	OR TO			NCE ESTABL		LLOWING	3 -	REFERENCE FOLLOW-UP			FTER
16. AUDIOMETRIC DATA	1		LI	FT					RIGH	fT		
RE: ANSI 53.6 - 1989	500	1000	2000	3000	4000	6000	500	1000	5000	3000	4000	6000
17. DATE OF AUDIOGRAM (YYYYMMOD)												
18. MEETS REFERRAL CRITE	its.	19. MILITA	ARY TIME	OF DAY	20. HOUR	S SINCE L	AST	21. EAR,	NOSE, AND	THROAT	PROBLEM	
1 · NO		NOISE	EXPOSUR	HE.	AT TI	ME OF TEST						
2 - YES								1 - NO	2 · YES	3 · U	NKNOWN	
22. EXAMINER					0.5 - 7.7 - 5.0					115		Se dui
a. NAME (Last, First, Mickill	e Initial)				b. TRAINI NUMBE	NG CERTIF	ICATION	c. SERVI	CE DUTY PATION COL		OFFICE 5Y	MBOL
23. AUDIOMETER									- 10		LECTROAC	
a. TYPE	b. M	ODEL		c. MANI	UFACTURER		d. SERIAL	NUMBER			MMDD)	TE
1 - MANUAL 2 - SELF-RECORDING (Auton 3 - MICROPROCESSOR	natic)	cenver		0.000.000000	ASC VOTE COMM		No Nes all Asso	SCHOOL BEACH		(10.00.00		
24. PERSONAL HEARING PRO	TECTION			Transport	E & 8400 7 400 00	le: DO	DEL F	THE REAL PROPERTY.	TER INICIAN	1	REQUENCY	FLAPPER
TYPE ISSUED SINGLE FLANGE (VS) TRIPLE FLANGE	F0 5- NC 6 - O	AR CANAL (DISE MUFFS THER		L R		PR	OTECTION	(Inclu	SES WORN Sing gagglen) NO		1 - A/ 2 - 5/	LWAY5
3 - HAND FORMED EARF 25. REMARKS (Include expor		ONE			3 · M		2 · YES	2 -	YES	\perp	3 - N	/A

INSTRUCTIONS

(Refer to DoD Component Instructions for additional guidance)

PURPOSE: This form is used to record initial audiometric test results. with which later audiometric test results can be compared (see DD Form 2216, "Hearing Conservation Data," to record periodic test results)

- 1. ZIP CODE/APO/FPO/PAS. Enter nine digit ZIP Code/APO/FPO/ PAS of where audiometric test is conducted.
- 2. DOD COMPONENT. Enter letter in box of major organizational subdivision of DoD to which military or civilian individual is assigned. Enter "1" if DoD component is not listed.
- 3. SERVICE COMPONENT. Enter letter in box corresponding to primary subdivision of separate military service in which military is assigned (e.g., Regular (R) - standing military component of armed forces in peace and war; Reserve (V) - component of ready trained personnel for military service when needed, etc.; National Guard (G) - component of National Guard personnel in full-time or part-time status). Enter "1" for all others, including civilians.

PERSONAL DATA OF INDIVIDUAL BEING TESTED:

- SOCIAL SECURITY NUMBER. Enter nine digit social security number. If foreign national, enter "FN" in middle two blocks.
- 5. NAME. Enter surname, given name and middle initial
- 6. DATE OF BIRTH. Enter year, month, day.
- 7. SEX. Enter "M" if male, "F" if female
- 8. PAY GRADE, UNIFORMED SERVICES. For military personnel only, enter military personnel class and pay level serial number as follows 011 - General of the Army/General of the Air Force/Fleet Admiral

 - O10 Gerwrol/Admiral
 - 009 Lieutenant General/Vice Admiral

 - OOB Major General/Reer Admiral (Upper Half)
 OO7 Brigadier General/Reer Admiral (Lower Half)/Commodore
 - 006 Colorel (A.F.M)/Captain (N) 005 Lieutenant Colonel/Commander
 - 004 MajorfLieutenant Commander
 - 003 Captain (A.F.MQ/Linuterant (N)
 - O02 First Lieutenant/Lieutenant Junior Grade O01 Second Lieutenant/Ernign

 - W05 Chief Warrant Officer, W-5 W04 Chief Warrant Officer, W-4

 - W03 Chief Warrant Officer, W-3
 - W02 Chief Warrant Officer, W-2 WO1 - Warrant Officer, W-1
 - CDD Cades/Midshipman
 - Sergeant Major/Chief Master Sergeant/Master Chief Petty Officer
 - EDB Master Sergeant (A.M)/Senior Chief Petty Officer/Senio Master Sergeant/First Sergeant(A)
 - ED7 Sergeant First Class/Gunnery Sergeant/Chief Petry Offices/ Master Sergeant (F)/Platoon Sergeant (A)/Specialist-7
 - Staff Sergeant/Technical Sergeant/Petty Officer First Class/ Specialist-6
 - EOS Sergoent (A.M)/Staff Sergeent/Petty Officer Second Class/ Specialist-5
 - E04 Corporal/Sergoant (F)/Petty Officer Third Class/Specialist-4
 - EQ3 Private First Class (A)/Airman First Class/Lance Corporal/Seamer EQ2 Private (PV1)/Airman/Private First Class/Lance Corporal/Seamer EQ1 Private (PV1)/Airman/Private (M)/Airman Besic/Seaman Recruit
- 9. GRADE, CIVILIAN. Enter two letters and two numbers of Federal civilian employee rank (e.g., WG05, G511, etc.). Letter entries will be WG, WL, WS, WN, WD or GS. Number entries will be 01 to 18. Enter " if other (e.g., foreign national, contractor, etc.).
- SERVICE DUTY OCCUPATION CODE. Enter code to which military member's duty occupation is assigned (e.g., MOS, SSI, NEC/Rating, NOBC or AFSC in which individual is actually working). Enter number code of civilian job series in which civilian member is actually working (e.g., for a carpenter enter "4607").
- 11. MAILING ADDRESS OF ASSIGNMENT. Enter installation name (and street address for Navy and Marines), unit, office symbol, and ZIP Code/APO/FPO/PAS of individual's current duty assignment.
- 12. LOCATION PLACE OF WORK. Enter specific location where individual is routinely exposed to hazardous noise including building number (e.g., Corpus Christi, NAS, Building 1571, Carpenter Shop). For Air Force personnel, enter 12-digit Workplace Identifier Code per AFOSH Std. 161-17.

- 13. MAJOR COMMAND. Enter authorized abbreviation of military major command to which individual is assigned
- 14. DUTY TELEPHONE. Enter individual's duty telephone number.

- 15. REASON FOR CONDUCTING AUDIOGRAM. Enter number in
- box for reason to complete reference audiogram.
 1 Individual has not yet worked in hazardous noise duty areas
- and no reference audiogram has been accomplished.

 2 Individual has worked in hazardous noise duty areas but reference audiogram has been lost or was never accomplished.

 3 - Individual has worked in hazardous noise duty areas and
- requires revised reference audiogram following completion of hearing conservation follow-up program.
- 16. AUDIOMETRIC DATA RE: ANSI S3.6 1989. Enter threshold Revels determined for this individual at six frequencies in each ear. Results are entered in SdB increments (e.g., 0, 5, 10, 15, etc.). If responses exceed maximum limits of audiometer, enter that limit with plus sign (e.g., 110+).
- DATE OF AUDIOGRAM. Enter year, month, and day the audiometric test is given. (If January 14, 1999, enter 19990114.)
- 18. MEETS REFERRAL CRITERIA. Based on the audiometric test. results, each DoD component should apply its own criteria.
- MILITARY TIME OF DAY. Enter four digits for hour of day (24-hour clock) this audiogram is completed (e.g., "0830," "1400," etc.). This field is optional.
- 20. HOURS SINCE LAST NOISE EXPOSURE. Enter appropriate number of hours prior to this audiogram that individual was last exposed to hazardous noise (e.g., steady noise 85 dBA or greater and/or impulse noise above 140 dBP).
- 21. EAR, NOSE, AND THROAT PROBLEM AT TIME OF TEST. Enter (NO) if individual has no ear, nose or throat problems at time of tost that could be causing a temporary (conductive) hearing loss (e.g., ear canal blocked with ear wax, ear infection, head cold, etc.). Enter "2" (YES) if problem was present and "3" (UNKNOWN) if no way to determine presence of problem.

22. EXAMINER.

- a. Name. Enter surname, given name and middle initial of
- individual operating audiometer.
 b. Training Certification Number. Enter audiometric technician
- training certification number.
 c. Service Duty Occupation Code. Enter examiner's service duty
- occupation code (see Item 10).
 d. Office Symbol. Enter complete office symbol where examiner is performing the test.

23. AUDIOMETER.

- a. Type. Enter number for type of audiometer used (e.g., "1" for manual type).

 b. Model. Enter manufacturer's designation.
- Manufacturer. Enter name of company that produced audiometer
- d. Serial Number. Enter manufacturer's serial number.
 e. Last Electroacoustic Calibration Date. Enter year, month and
- day (see Item 16) of last electroacoustic determination of this audiometer's performance specifications.

24. PERSONAL HEARING PROTECTION.

- 24. PERSONAL HEARING PROTECTION.

 a. Type Issued. Enter number for type of bearing protector that the individual was issued (e.g., "2" for triple flange, etc.; if "6 OTHER," explain in Item 25, "Remarks").

 b. Stre Earplugs. Enter number for size of earplugs (single or triple flange) used for each ear (e.g., "4" for Large in right ear (R) and "3" for Medium or Regular in left ear (L)).

 c. Double Protection Used. Enter "1" in box if earplugs are not routinely ween in combination with online multiple or a prime.
- c. Double "Protection Used. There" is not it earlies and not routinely worn in combination with noise muffs or a noise-attenuating helmet. Enter "2" if they are routinely worn together. d. Glassos Worn. Enter "1" in box if eye glasses or goggles are not routinely worn with noise muffs or noise-attenuating helmet. e. Frequency Glasses Worn. Indicate frequency of use if "2" was entered in Item 24.d. If "1" was entered in 24.d., enter "3". N/A.
- 25. REMARKS. Print explanations for any of above items marked "OTHER" and any information considered pertinent. Include the individual's 8-hour TWA noise exposure, when available.